

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Every Voice Action</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00566208	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Buying Time</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2014</b>	
Mailing Address <b>650 Massachusetts Ave NW</b> <b>Ste 210</b>		Amount <b>149457.50</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-3728</b>	Transaction ID : <b>VN7BA9WFFY85</b>
Purpose of Expenditure <b>Advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 15 / 2014</b>	
Name of Federal Candidate <b>Larry Pressler</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>SD</b>	
Calendar Year-To-Date Per Election for Office Sought <b>609554.15</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Every Voice</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2014</b>	
Mailing Address <b>1133 19th St NW</b> <b>FI 9</b>		Amount <b>1000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3612</b>	Transaction ID : <b>VN7BA9WS9C2</b>
Purpose of Expenditure <b>Social Media Advertisement Costs</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 15 / 2014</b>	
Name of Federal Candidate <b>Larry Pressler</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>SD</b>	
Calendar Year-To-Date Per Election for Office Sought <b>609554.15</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>150457.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 16 / 2014**

Signature